

other we will survive. But we won't survive the life-and-death decisions that are made every day by patients, doctors, and families, if the government begins intruding between the patient and the physician, begins making decisions about what kind of health care we can have, what kind of health care the government will allow payment for and the like. Those become life-and-death decisions. That is why Americans feel so strongly and personally about this debate and about the decisions we are about to be making here.

Let me address something the distinguished majority leader said a moment ago, and then I wish to talk a bit about Medicare as one of the aspects of this insurance debate.

The majority leader said that Republicans have had a seat at the table. I am on one of the two major committees, the Finance Committee. I think one amendment was adopted. It was an amendment offered by a Republican and a Democrat on the committee. There were well over 100 amendments that Republicans offered that were all shot down, defeated, largely on party-line votes. I say to my distinguished friend from Nevada that maybe we have a seat at the table but it is a little like the kids table at Thanksgiving dinner where you are told to mind your manners and keep the noise down. That is the way Republicans feel about our role at the table in fashioning this legislation.

The majority leader himself would acknowledge that after the two committees in the Senate acted, he went behind the closed doors of his office and, along with representatives from the White House and a couple of other Democratic Senators, no Republicans at all, legislation was developed in his office that he then presented here on the Senate floor just before the Thanksgiving recess. That is how the legislation got developed. It was without Republican participation.

We will have a chance to amend this bill. Maybe he will prove me wrong. Maybe he will demonstrate that we can fix this bill.

I do, with all deference, disagree with his comment that the motivation of Republicans is to do nothing. Of course, he frequently says doing nothing is not an option. Nobody is arguing about doing nothing. Republicans have presented some very good ideas to do something, to do a lot of somethings. Our ideas have been rejected. Let's don't get into false debate about doing something or nothing and the only alternative is the bill that is on the Senate floor. There are alternatives, and I will discuss one group of alternatives we have presented in a moment.

There will be a good test to see whether in fact we can amend this bill or if my prediction that there is no way to fix it will turn out to be true. That has to do, first and foremost, with what this bill does to Medicare, the program we have developed for seniors.

Let me go over some of the Medicare cuts in this bill and then ask my Democratic colleagues if they are willing to join Republicans in restoring these provisions of Medicare—in other words, in striking these cuts—if they are willing to join Republicans in that effort. Then maybe the majority leader is right. Maybe we can fix this bill. If they are not willing to do that, then I resubmit that this bill can't be fixed, and it can't because our Democratic friends won't allow it to be fixed.

Here are the ways this bill cuts Medicare benefits for seniors: \$137.5 billion is cut from hospitals that treat seniors; \$120 billion is cut from Medicare Advantage. I will return to Medicare Advantage in a moment. That is the private insurance company that somewhere around a quarter to a third of seniors take advantage of. Well over a third of the seniors in Arizona, approaching 40 percent of Arizona seniors, participate in the Medicare Program, the benefits of which are substantially cut. Continuing, \$14.6 billion is cut from nursing homes; \$42.1 billion from home health care, \$7.7 billion from hospice care. That is a total of \$464.6 billion in Medicare cuts. Seniors know we can't make these kind of cuts without jeopardizing the care they receive. That is the concern I have. We are not talking about cuts in the abstract. We are talking about delay and denial of care for American citizens. These folks wonder how it is fair or justifiable to cut the health care that has been promised to them in order to pay for some kind of new government entitlement.

I receive letters and phone calls every day. I have quoted from many of these letters. Many of them have to do with the proposed cuts in Medicare, in particular to Medicare Advantage.

I mentioned the percentage. In numbers, it is about 329,000 Arizonans—329,000 Arizonans—a third of a million who enjoy Medicare Advantage plans. That is over 37 percent of overall Medicare beneficiaries in my State of Arizona. They know \$120 billion in Medicare Advantage cuts will hit our State and, specifically, their coverage very hard. They worry that under the Reid bill, they will lose the low deductibles and the low copayments they enjoy under Medicare Advantage and many of the other benefits I mentioned a moment ago.

They worry about losing the choices they have, which is one of the nice things about the Medicare Advantage plan, and the extra benefits, including things such as eyeglasses, hearing aids, dental benefits, preventative screening, free flu shots, home care for chronic illnesses, prescription drug management tools, wellness programs, medical equipment, and access to physical fitness programs. These and many more are the kinds of benefits that are included in the Medicare Advantage Program, and they will lose many of these benefits under the legislation that is before us right now.

I think they have a right to be concerned about losing these benefits. If there is any doubt about this, incidentally, the Congressional Budget Office, which is a nonpartisan entity which serves both Democrats and Republicans here—it calls it straight; sometimes they give answers we do not like, but they provide the analysis of the costs and benefits—and the Congressional Budget Office has confirmed that under the Democrats' bill, Medicare Advantage beneficiaries will lose, and they will lose big. In fact, they will lose more than half their extra benefits under Medicare Advantage.

Well, my senior citizen constituents do not like that, and they have let me know about that. Let me share a couple letters—just excerpts from letters from two of my constituents. The first is from Surprise, AZ:

My mother is on Medicare Advantage, and I don't know what she would do without it.

The poor and middle class are already hurting much more than government officials realize. We are on fixed incomes, and have already cut back to bare minimum. What happened to "government for the people, by the people?"

Another constituent from Gold Canyon, AZ, writes:

I have been on Medicare for 11 years and have been subscribing to a Medicare Advantage plan for the past 6 years. It has been excellent, and has provided substantial savings for us. Now we understand that the government is dropping its support of the plan. Please try to stop this. It is very important to many senior citizens in Arizona.

These constituents of mine, these senior citizens, know Medicare cuts will hurt seniors' care, and those who try to suggest otherwise are simply wrong. The Congressional Budget Office, as I have said, has confirmed it.

One of the newspapers on Capitol Hill, Politico, recently provided a helpful summary of an actuarial report on the Democrats' health care plan, prepared by the Centers for Medicare and Medicaid Services. That is CMS. That is the outfit out of the Department of Health and Human Services that actually runs Medicare. According to page 8 of the report, as Politico summarizes, the Democrats' bill:

... reduces Medicare payments to hospitals and nursing homes over time, based on productivity targets. The idea is that by paying institutions less money, they will be forced to become more productive. But it's doubtful that many institutions can hit those targets, which could force them to withdraw from Medicare.

We hear it all the time: physicians dropping or not taking any new Medicare patients; entities that are no longer going to be able to serve Medicare patients because they are not getting paid enough by the government for them to even break even.

This report I am quoting from—the CMS report—according to Politico, says that by 2014, Medicare Advantage enrollment will plunge 64 percent—we are not talking about just a few folks—from 13.2 million down to 4.7 million because of the "less generous benefit packages."